

Jerry V. Sullivan

District Judge 6th Judicial District Dept. 2

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
		0	

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District (if applicable)

[illegible]

PAGE 1 OF 1

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## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

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## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
			0

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**Expenses of \$100 or Less**

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
12-11-02	51.44	D

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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**IN KIND**

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
			0	

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District (if applicable)

### Contributions of \$100 or Less

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**IN KIND**

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
			0

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

# 3

Jerry V. Sullivan District Judge 6th Judicial District Dept. 2

Name (print)

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District (if applicable)

**IN KIND****Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362